PHONE: 724.258.9024

Make Checks Payable: City of Monongahela

Signature

CITY OF MONONGAHELA

Office of Income Tax Commissioner
449 West Main Street
Monongahela, PA 15063

HOURS: Monday- Friday 9:00 AM-12:00 PM 1:00 PM- 4:00 PM

2011

EMPLOYERS LOCAL SERVICE TAX QUARTERLY RETURN

1st Quarter Ends 03/31- Due 04/30

Employer's Name and Address Contact Name and Phone Number		 Number of Employees Reported this quarter Tax Withheld Line 1 x \$5.00 Penalty & Interest per month on late payments 		
			4) Total Remitted Line 2 + Line 3	
	EMPLOYER'S FEDE	RAL EIN		
Employee Social- Security Number	En	nployee Last Name, First Name and Addre	ess	Tax Withheld
			-	
I hereby certify that this return	has been examined by me and the information herei	n is true, correct and complete.		

Date